

Bedfordshire County Council.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1926.

BY

R. T. HERDMAN M.D., C.M. Edin., D.P.H.

School Medical Officer

and

Deputy Medical Officer of Health.

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1927

To the Education Committee of the Bedfordshire County Council.

I have the honour to present to you my Annual Report as School Medical Officer for the year 1926.

GENERAL HEALTH OF THE SCHOLARS.

Last year I pointed out in the Annual Report that the health of the children, especially the younger ones, was below the usual standard, probably owing to the effect of epidemics of Mumps and Influenza in the early part of the year.

This year, as there were no serious epidemics in the first few months, especially no Influenza comparable with that of last year, the children had a better start and so have stayed in better health most of the year. This is shown by the improved attendance at school that there has been during each quarter of this year, compared with the corresponding quarter of last year, and also by a general improvement in the appearance of the children seen at schools.

EPIDEMICS.

Mumps.

Since the severe epidemic last year this disease has never been absent from the County, cases having cropped up in different schools periodically. The cases occurred chiefly in Infants' Schools, except at Sandy, where there were a number of cases affecting both the Mixed and Infants' Schools.

Measles.

This has been rather more prevalent during the year than it has been for the last two years.

As there were a considerable number of cases of Measles in the Schools in 1922 and 1923 many of the older children became immune, through being attacked then, and so the disease this year was mostly confined to the scholars in the Infants' Schools, who had not received immunity by a previous attack.

Whooping Cough has not been confined to any particular part of the County. Only a few schools have been affected and, as in the case of Measles, most of the children who have contracted the disease have been infants.

Scarlet Fever.

This was mostly confined to two villages in the County until a number of cases appeared in the town of Bedford in the autumn. Afterwards, cases appeared in some other villages but, on the whole, the County has been free from this disease.

Diphtheria.

Except for Eaton Socon and Felmersham, the County has been very clear of this disease during the year.

HEIGHTS AND WEIGHTS.

It will be seen from the Heights and Weights Tables given below that, as far as height and weight are a criterion of the health of the children, the improvement that has been noticed during the last few years is still being well maintained. At each age-period given the children are quite up to the average of the last few years.

The Tables for 1913 are also given to show the general improvement that has taken place in the last thirteen years. In the extract from the 1913 Tables the eight-year old children are not given as these children were not examined as "Routines" at that time; and the thirteen-year old children are also not given on account of the small number examined that year. If, however, the few eight and thirteen-year old children weighed and measured in 1913 are taken as an average of that year, the figures for this year show quite as marked an improvement on them as is shown at any other age.

1926.

Number Weighed and Measured	Age	BOYS.		GIRLS.		Age	Number Weighed and Measured
		Height in Inches	Weight in Pounds	Height in Inches	Weight in Pounds		
153	4	39.99	37.81	39.66	36.76	4	140
349	5	42.6	41.31	42.14	40.58	5	341
581	8	48.92	55.06	48.99	53.87	8	502
634	12	56.30	78.15	57.68	80.98	12	594
318	13	57.96	84.16	58.99	86.87	13	341

1913.

Number Weighed and Measured	Age	BOYS		GIRLS		Age	Number Weighed and Measured
		Height in Inches	Weight in Pounds	Height in Inches	Weight in Pounds		
404	4	38·62	36·30	38·73	35·58	4	306
327	5	41·33	39·43	40·94	38·84	5	320
845	12	55·12	74·18	55·94	75·62	12	803

DINNERS FOR SCHOOL CHILDREN.

The principle on which this scheme was started by the Director of Education was, that if older children are removed for the sake of education from a small village school to a larger one some distance away, they ought, in the interests of their health and education, to be supplied with a hot mid-day meal at school, as it is impossible for them to get home for this meal. In this way one of the chief objections of parents to the central school scheme would be done away with, and the children's health would be satisfactorily looked after.

This dinner scheme was first started experimentally at one school in the County, and was found to work so well that as other small schools were made into Junior Schools, and the older children transferred to larger schools, the scheme was instituted at these larger schools until by the end of 1926 it was in vogue at seven Centres in the County.

During the autumn I was able to watch the working of the scheme at six of these centres, and in several cases I was able to watch the preparation of the food, and discuss with the cook in charge the variety in the meals, and the likes and dislikes of foods by village children.

There is no monotony in the food supplied as there is a change every day, and one cookery instructress showed me a list of over twenty meals on which she rings the changes. The cooking is, of course, first-class and spotlessly clean, as it is under the supervision of Cookery Instructresses.

One of the chief things that the country children like is vegetables, and there is usually a plentiful supply of these from the school gardens, so that as a rule there are potatoes and one other vegetable every day. In this liking for vegetables I am told that the country children are very different from those in industrial districts.

In regard to dislikes for certain forms of food, it was found that as a rule the children at first did not care for soup, but after they had it a few times the prejudice largely wore off. It seemed as if the objection was that there was nothing solid in it, for the children at one Centre who disliked soup when vegetables were used to thicken it, liked it immediately the vegetables were put in in big pieces.

At one Centre the children would not eat mutton stew. They would eat all the gravy and vegetables and put the mutton aside, and after this had occurred on several occasions no more mutton was used at that Centre.

All other dishes supplied are enjoyed by the children although, of course, they all have their favourites. It was found at first that many of the children, especially the younger ones, seemed to be rather suspicious of any new dish but this naturally very soon wore off. A number of the older girls, with whom I have discussed the dinners, have told me that there is more variety in food at school, and also that they have dishes that they never saw at home and, once they are accustomed to them, they enjoy the new dishes. Most children, boys and girls alike, have said that they much prefer the school dinners. I have also heard that children did not like being away from school because they missed the dinner and, in the majority of cases, the children are probably much better off having dinner at school than they would be if they were able to go home for a meal.

So far as feeding the children, breaking down the objection of parents to central schools, and making the children more fit for their afternoon work, is concerned, this dinner scheme has been a great success, and has fully justified itself; but when one has seen the way in which it is carried out at the different centres one sees that it will probably do far more than this alone.

At some Centres, the children, both boys and girls, are taught to lay the tables neatly, with every thing clean and properly prepared, and also how to sit at table and behave at the meal. The older girls learn how to dish up the food and take it round to the others. When the first course is finished those whose duty it is, remove the empty plates and bring in the next course.

All this is a splendid training for the children, and after they have had it daily for some years at school I think the effect is bound to be shown in the homes they come from, and when they grow up, in their own homes. If the girls learn thoroughly how to cook all the dishes which they have at the school dinners a great improvement should be made in the meals at their homes, as the school dinners have to be arranged on the principle that they are as economical as possible, at the same time having regard to the fact that they must be palatable and nourishing.

The price for the meals is one shilling per head per week, which pays for the food that has to be bought, the vegetables from the school gardens being supplied free. This scheme is being extended as more small schools are being made into Junior Schools and the older scholars transferred to larger schools.

THE DRYING OF WET SHOES AND STOCKINGS OF SCHOOL CHILDREN.

This is at present being carried out at a number of schools in the County. In some cases the parents who think it desirable give their children, on wet days, a change of stockings and slippers to take with them to school ; other parents leave stockings and shoes at school where they are looked after by one of the teachers, who sees that they are used when the children arrive wet. In other cases teachers obtain shoes and stockings which are used by those children who require them in wet weather. At one school a number of soles for slippers were bought and knitted uppers were made for them ; these were then supplied at one shilling a pair to children who wanted them.

The Director of Education and I hope to be able shortly to lay some proposals on this subject before the Committee.

MEDICAL INSPECTION STAFF.

School Medical Officer ...	Ronald T. Herdman, M.D., D.P.H.
School Dentist ...	F. S. Cooper, L.D.S., R.F.P.S.
School Nurse ...	Miss A. Peck.
Clerk ...	Miss M. C. Ritson.

SCHOOL HYGIENE.

A general improvement has been effected by internal renovations to the following schools :—

Arlesley Siding Council Mixed
 Arlesley Siding Council Infants'
 Campton Council Junior Mixed
 Hyde Council
 Keysoe Council
 Mogerhanger Council
 Steppingley Council Junior Mixed
 Streatley Council

Heating.

The undermentioned schools are greatly improved by alterations and installation of heating by hot water :—

Leighton Buzzard Council Girls'
 Keysoe Council
 Dean Council

Playgrounds.

The following school playgrounds have been re-surfaced during the year :—

Aspley Heath Council	Mogerhanger Council
Campton Council Junr. Mxd.	Pavenham Council
Caddington Green Council	Ridgmont Council
Eastcotts Council	Shefford Council
Everton Council	Southill Mixed
Goldington Council	Streatley Council
Gravenhurst Council	Stotfold Council Boys'
Houghton Regis Council	Sundon Council
Kempston Rural Junr. Mxd.	Woburn Council Boys'
Oakley Council	Woburn Council Girls' and
Lidlington Council	Infants'
Millbrook Council	Wootton Council Mixed
Marston Moretaine Council	Wootton Council Infants'

NUMBER OF CHILDREN INSPECTED.

The total number of children inspected, not including re-examinations, was almost the same as that of last year, being 5,775 compared with 5,734, showing an increase of 41.

While the total number examined was practically the same, the numbers in the different age groups show considerable variation from those of last year.

ENTRANTS.

Since April of this year no children under five years of age have been admitted to school, which naturally has very largely decreased the number of three and four-year old children to be examined. The only children of these ages who were examined during the year were:—(1) those who had entered school life this year up till April ; (2) those who had been absent from medical inspection last year ; and (3) those who had entered schools last year after my last inspection at their schools. The result was that 400 fewer children under five years of age were examined than in 1925.

A good deal of this decrease was, however, made up for by the increase in the numbers of five and six-year old children who were examined, so that altogether the number of Entrants examined was only 100 less than last year,

Next year, while there will be no three or four-year old children, the number of five-year olds to be examined will be increased by the addition of those children who would normally have come to school this year at four years of age, but who have now been kept back until they reached five years of age.

INTERMEDIATES

The number of Intermediates (children between eight and nine years of age) has again decreased, owing to the small birth rate during the war period. This cause will still be operative in keeping down the number of Intermediates for another year, and then there will probably be a large increase in their numbers, owing to the high birth rate that occurred for a couple of years after peace was declared.

There will also be, in the same year, an increase in the number of entrants, compared with the two previous years, owing to the effect of the exclusion of children under five having worn off.

LEAVERS.

The number of Leavers examined has gone up, showing an increase of 200 over the previous year. This was not owing to an actual increase in the number of older children at the schools, but was due to a ruling of the Board last year, that all children on attaining the age of twelve years should be examined as Leavers, instead of being examined on attaining the age of $12\frac{1}{2}$ years, as had previously been the custom in Bedfordshire.

The number of Leavers examined next year should decrease again as this change over in age for examination has now been completed.

SPECIALS.

The number of Specials was 593 compared with 647 in 1925, a decrease of 54 in number, but this is still an increase of well over 100 compared with the usual number for some years previously.

The very large number of Specials in 1925 was probably due to its not having been a healthy year for children, and so parents and teachers wanted an examination made of those children who seemed to be run-down in health.

RE-EXAMINATIONS.

Re-examinations mean the examination of children who at a previous examination have been found to be suffering from some defect, and who are re-examined to see whether that defect has now disappeared.

These children are of two classes :—(1) those who have been found at the previous examination to require some form of treatment, and are re-examined to find out whether the treatment has been satisfactory, and (2) children who at the previous

examination were found to be suffering from some defect not sufficiently severe at the time to require treatment, but who should be kept under observation to see whether the defect will disappear, or whether they may require treatment at some later date.

If on re-examination of a child it is found that treatment is required, a letter to that effect is sent to the parent. If, on the other hand, the child is found to be well, and no longer requires to be kept under observation, a note to that effect is put on its Medical Inspection Card.

The number of re-examinations this year was less than last year, when a large number were seen, and many were found who no longer required to be kept under observation.

In the following tables the children examined are classified according to age, group and sex :—

Group A (Entrants)	1590
Group B (Children between 8 and 9 years) ..	1289
Group C (Leavers)	2303
Group D (Specials)	593
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	5775
Number Re-examined	858
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	6633
	<hr/>

AGE.	BOYS.	GIRLS.
3	36	32
4	183	172
5	426	378
6	188	175
8	679	610
12	779	768
13	371	343
14	20	22
Other ages (Specials)	297	296
Total ...	2979	2796

PARENTS PRESENT AT MEDICAL INSPECTION.

The number of these keeps almost the same year after year, the percentage for this year being 66.3 compared with 66.34 in 1925.

I had expected a decrease in the percentage this year owing to the increase in the number of Leavers examined, and the decrease in Entrants and Specials—these latter always have the highest percentage of parents present at their examination, whilst the Leavers, especially the boys, have the lowest.

The changing of small country schools into Junior Schools has also prevented a number of parents from being present at the examination of their older children, as the distance to the school where these older children have been sent is too far for the parents to walk. Even if they were to be taken to the school by conveyance the time involved in the journey there and back and the waiting at the school till all the mothers who were to be conveyed home again had seen their children examined, would be more than they would care to spend out of their working day.

There is another method by which parents would be enabled to be present at the inspection of older children who go to a larger school some distance away, and that is to hold the Medical Inspection of the older children at the Junior School in their own village, when that school is being visited. This would probably entail slightly more work on the Head Teachers of both the Senior and Junior Schools, and also the Head Teacher of the Senior School would not have so good an idea of what exactly was found wrong with any child, as if he had been present at the examination, or had it explained to him when the examination at his school was finished. A summary of the defects found in each child would, however, be sent to the Head Teacher of the school at which the child attended, so that he would at least know what defects were found.

It is a very distinct assistance to have parents present at Medical Inspection as it is much easier to persuade a parent to obtain treatment for a child, when the necessity for it has been explained to her, than it is by sending a letter, of which often little or no notice is taken.

SUMMARY OF DEFECTS.

Among the 6,633 children examined, 1,839 were found who were recommended to have treatment for some defect, including decayed teeth and verminous conditions. This is the same proportion as was found last year.

Of the 5,182 children who were examined as "Routines" 18·85 per cent., required treatment, against 22·03 per cent. last year; whilst 23 per cent. of those examined as Specials or re-examinations were recommended to have treatment, against 21 per cent. last year. In both of these cases dental defects and uncleanliness are excluded.

Five hundred and ninety-seven defects not recommended for treatment were noted to be re-examined on my next visit to the school.

The defects found are classified in the following table :—

Defective Vision and Squint	in 263 children.
Eye Diseases.....	" 22 "
Enlarged Tonsils	" 82 "
Adenoids	" 48 "
Enlarged Tonsils and Adenoids	" 154 "
Diseases of the Ear and Deafness.....	" 145 "
Diseases of the Skin	" 44 "
Decayed Teeth	" 333 "
Verminous conditions.....	" 192 "
Debility (Defective Nutrition)	" 134 "
Anæmia.....	" 398 "
Various forms of Tuberculosis	" 11 "
Other Diseases.....	" 152 "
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Total.....	1978 Defects.
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The percentage of defects treated (not including decayed teeth and verminous heads) was 64·9.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

During the year two parents were prosecuted under the Attendance Bye-Laws on account of their children's heads being in such a condition that they were not fit to attend school. Both parents were fined. I have since heard that this prosecution has had a good effect on the cleanliness of the children, not only at this school, but also in the schools of the neighbouring villages.

It may, however, still be necessary for the same procedure to be taken in other parts of the County, in order to make all parents realise that it is not only necessary to send their children to school but that they must be sent in such a state of cleanliness that they can be placed in a class in school without the probability of the other children having their heads infected by them. It is not fair

that parents, who take a pride in keeping their children neat and clean, should be compelled to send their children to school, and then have the risk of their hair becoming infected, owing to the carelessness of a few parents who are too lazy or neglectful of their children's interest to keep them in a proper state of cleanliness.

There is no doubt that the present habit of cutting girls' hair has had a most salutary effect in helping to improve the condition of the heads, as with this fashion it is no longer possible to arrange the hair so as to hide the nits, a practice that was commonly followed when the hair was long.

Tonsils and Adenoids.

The number of cases attended to this year would probably have been considerably larger than it was (144) if it had not been for an epidemic of Scarlet Fever which broke out in Bedford.

When this started I did not consider it advisable to recommend children to be brought into Bedford for operation, on account of the possibility of infection afterwards. Parents of children who would normally have been operated on in Bedford, were, as a rule, recommended to wait if possible till the following spring before having their children attended to.

Enlarged Tonsils and Adenoids are now mostly found amongst the children under eight years of age, as most of the older children, who required attention at one time, have received it, and also the training in breathing exercises which is given at school probably helps to lessen the adenoids in many of the slighter cases, and does away with the necessity for operation.

The cases amongst the older children that require attention, mostly come under one of two headings:—(1) cases that have been kept under observation and have been found to become worse instead of decreasing as the child grows older, and (2) cases where, although the growths themselves do not seem to be of much size, still they seem to be responsible for some condition of ill-health.

Eyesight.

Amongst the "Routine" children whose eyes were tested, ten per cent. were found who required either to be treated or else to be kept under observation.

Crippling Defects.

The number of children given under this heading in the tables at the end of the Report, includes all cases that are known, even though they require no further treatment; such as cases of

paralysis, infantile or some other kind, that have been under Hospital treatment as In-patients and Out-patients, and, although these have been discharged as having received all the benefit that can be obtained from Hospital treatment, are still left with some weakness of the muscles. Cases where there is absence of most of a hand or foot or part of the arm, from birth, are also included. All such conditions are a permanent disability to the child.

Other cases such as loss of one eye or one or two fingers from some accident, or where an arm has been broken and, although some deformity has been left the movement and use are quite good, are not included, as these conditions do not interfere to any appreciable extent with the activities or education of the child at present, and are not likely to be much hindrance in after life.

Rickets in its severe form, which seems to be a common cause of crippling in some parts of Britain, is practically unknown in Bedfordshire, and with fresh air and Cod Liver Oil and occasionally plaster splints, no operative treatment seems to be necessary for most cases.

EXCLUSION FROM SCHOOL.

During the year the following number of children have been excluded from school under Article 53 (b):—

(1) Children excluded on the ground that, owing to their state of health or physical or mental defects, they were incapable of receiving benefit from the instruction in the school.

Tuberculosis	...	...	...	...	10
Anæmia and Debility	...	...	...	...	7
Rheumatism	...	...	...	...	2
Chorea	...	...	...	...	2
Epilepsy	...	...	...	...	2
Heart	...	...	...	...	1
Other conditions	...	...	...	...	6

(2) Children excluded on the ground that their exclusion was desirable to prevent the spread of disease.

Ringworm	...	...	...	...	3
Rash	...	...	...	...	1
Impetigo	...	...	...	...	1
Mumps	...	...	...	...	1
Scabies	...	...	...	...	1

(3) Children excluded on the ground that their uncleanly or verminous condition was detrimental to other scholars.

Seven children were excluded on these grounds at the time of the medical inspection.

MEDICAL TREATMENT.

Biggleswade Red Cross Clinic.

This Clinic has again been doing very valuable work amongst the school children of Biggleswade and district. All classes of minor ailments requiring dressings and treatment, such as cuts, bruises, sores, chilblains, skin diseases and verminous heads, are attended to at the Clinic.

During the year over 5,000 attendances were made by school children, which shows how much the work is appreciated by the people of the district, and the necessity that there was for such a Clinic to be opened in this district.

Tonsils and Adenoids.

One hundred and forty-four children received attention during the year; eighty-nine of these under the Authority's scheme, and fifty-four otherwise.

The falling off in numbers attended to, compared with other years, is altogether due to the smaller number treated under the Authority's scheme, the reason for which is given on page 13.

It is usually found that between 8 and 10 per cent. of the routine children inspected during the year require either treatment or else to be kept under observation to see whether the condition improves or becomes worse. This year the percentage was nine.

Tuberculosis.

Cases of suspected pulmonary or glandular tuberculosis are recommended to go to one or other of the Tuberculosis Dispensaries for diagnosis and treatment; whilst cases of disease of joints or bones are usually sent to some Hospital.

During the year thirteen County school children were inmates of the County Sanatorium at Mogerhanger, whilst ten children suffering from various forms of Tuberculosis were in other institutions.

Defective Vision.

One hundred and fifteen children were attended to under the Authority's scheme, and in the case of thirty-three of these children the Committee arranged for payment of the whole or part of the cost of attention to the eyes.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS, &c.

The attendance of parents has already been referred to on page 11.

Teachers.

I must again express my thanks to the teachers in the County for the great interest they are taking in the Medical Inspection at their schools, and their courtesy and assistance to me in carrying out the work. It is only with their co-operation that this service can be carried on successfully, and the help that they give me on the day of inspection is only a small part of the work that they do to make the service a success and to help it to work smoothly.

When they are able to be present at inspection with me they can see in what way the defects found interfere with the child's progress at school, and so in many cases, by personal interview with parents who have not obtained treatment for their children in a reasonable time, they can point out to them the advantage that the child will obtain by the treatment recommended. In other cases by letters to parents they are able to persuade them to have treatment, and so help the children to attain better health and obtain more benefit from their attendance at school.

School Attendance Officers.

Every few months the School Attendance Officers revise for me the lists I keep of children who are not attending school, so that they can be inspected, when necessary, to see how they are progressing and whether they are fit to return to school.

National Society for the Prevention of Cruelty to Children.

The Inspector of this Society has been of great help to me and to the teachers by looking up the parents of those children who seem to be neglected and finding what is wrong with the home.

He has also arranged for children to be taken up to Hospitals in London, and in some cases has taken up the children himself, when it has been impossible for the parents to do so.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

The names and addresses of all such children not attending school are obtained from the Head Teachers and also from the School Attendance Officers, and those who are unable to be brought to school are visited at their homes.

Blind, deaf, and defective children are sent by the Education Committee to some special school where a vacancy can be obtained.

The following is a list of such children and the schools to which they have been sent :—

Name of Child.	Date of Birth.	Home Address.	Fee.	School.	Date of Admission.
Arthur Bell ...	23-1-12	C/o Bedford Guardians	£ 70	Brighton School for Blind Boys	31-8-21
Geoffrey Moore	9-9-13	High Street, Wootton	70	Ditto	9-9-25
Nancy L. Davis	20-9-10	Home Farm, Sundon	78	Normal Institute for Deaf and Dumb, Derby	Chargeable to Beds. L. E. A. 8-4-26 left 8-12-26
Mabel Clarke ..	22-11-11	Roxton	75	Royal College for Deaf Children, Margate	1-9-19
Doris Breed .	7-6-14	37, Littledale St., Kempston	75	Ditto	1-9-19
Frederick Butterfield	6-1-13	28, St. Mary St., Dunstable	75	Ditto	1-11-21
Evelyn Butterfield	19-9-16	Ditto	75	Ditto	14-1-24
Gwendoline Endersby	13-7-13	Stratton Street, Biggleswade	75	Ditto	21-4-22
Grenville Faulkner	18-10-14	Broom, Southill...	75	Ditto	21-4-22
Stanley Bland ...	22-9-11	Council Cottages, Sandy	75	Ditto	8-9-25
Ida Ecott ...	23-5-18	Amphill Road, Shefford	75	Ditto	8-9-25
Alice M. R. Gale	4-8-10	C/o Biggleswade Guardians	84	Hastings and St. Leonards Special School	29-4-25 left 18-8-26

EMPLOYMENT OF CHILDREN,

One hundred and four children were examined for work under the Bye-laws regulating the employment of children. Each child was medically examined as to fitness for work, and also details as to the days and hours of employment, and exact nature of the work to be done were obtained from each child before the certificate was granted. In the case of all of these children certificates were granted.

EXAMINATION OF BURSARS AND COUNTY SCHOLARS.

During the year all candidates for Junior County Scholarships and Bursaries have been examined.

The defects found are shown in the table below :—

	With defective vision.		With defective hearing.	With decayed teeth.	With Tonsils or Adenoids.	With other defects.
	Slight	Dis-tinct.				
Number of Bursars (out of 20 examined) ...	4	1	1	5	...	5
No. of County Scholars (out of 12 examined)...	1	...	...	5	2	2

Eleven Supplementary Teachers were also examined during the year.

RONALD T. HERDMAN.

REPORT OF THE SCHOOL DENTIST.

I have the honour to present my seventh Annual Report for your consideration.

The figures showing work done will be found in another part of this report and they will be seen to compare favourably with those of last year.

There is no falling off in the amount of work done and, had I more time, much more could be done. Working as I do, in taking the Clinic to the schools as it were, time is inevitably lost. It takes time to unpack and prepare for work and when work is finished instruments must be sterilized, whereas in a fixed clinic all that time is saved.

There is ample work for another School Dentist in this County. The filling of teeth takes up a great deal of time and often two or three appointments are necessary for some fillings. In mouths where several teeth have to be filled I am afraid that at times I am compelled to extract some of the teeth which otherwise might be saved.

In my examination of children I put down for treatment all those whose mouths show any decay or irregularities which can be remedied, that is to say that simple cases and difficult ones and also those requiring extensive treatment are simply classified as treatment. This perhaps may appear to make the proportion of those requiring treatment somewhat large.

There is not a great proportion of children with extremely septic mouths, and amongst those who receive systematic treatment there are practically none.

The causation of dental decay and the necessity of proper diet for children and for the mothers before the children are born was emphasised in my last report, so that need not be enlarged upon at present.

There is still a fair amount of prejudice against the removal of teeth—temporary teeth in particular—I have heard the fantastic theories that God gave the child teeth to eat with and therefore it is wrong to take them away, and also that if a baby tooth is removed no other will come. The latter idea is no doubt accounted for by the fact that some temporary teeth should normally remain until ten or eleven years of age, and obviously if removed too early there are no teeth to take their place for some years.

It does not follow that all who refuse treatment at my hands neglect to seek treatment elsewhere. I know that many have been in the habit of going to dentists in private practice and I certainly, at times, advise such a course where the work is very extensive and in cases of regulation of the teeth for the sake of usefulness and appearance, when I find that the parents have the means to pay for such treatment.

I find it is very advantageous at times to see the parents—much good is done this way—but I always contrive, if possible to work for the child in the absence of parents. There is very rarely any trouble with a child unaccompanied by its parents.

I think that most parents realise that I have a nurse with me thoroughly competent to deal with their children and in a better way than they could hope to do themselves. Nurse Peck is giving me as much satisfaction and help in her work as she has done in the past.

In thus giving Miss Peck her share of praise I must also, as before, offer the same gratitude to the Head Teachers and also the assistants for their help.

There is not the slightest doubt that the influence of the Head Teachers is of the greatest value. As a proof of this there is one school in the County, the name of which I will not mention

where the children accepted treatment in very good numbers. The Head Teacher was removed to another school where acceptance for treatment was not, as a rule, very good. The result was that in the latter school children immediately accepted, but I regret to say that when I went to the school which this head-mistress had left I was rewarded by taking one shilling from one solitary child and a journey of 30 miles into the bargain.

I again thank all who help me, and hope in my next Report to shew evidence of a still further increase in work.

F. S. COOPER.

**Table I.—Return of Children Inspected 1st January to
31st December, 1926.**

A. ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections—

Entrants	1590
Intermediates	1289
Leavers.....	2303
	<hr/>
Total.....	5182
	<hr/>

B. OTHER INSPECTIONS.

Number of Special Inspections	593
Number of Re-inspections	858
	<hr/>
Total.....	1451
	<hr/>

**TABLE. II—Return of Defects found by Medical Inspection.
in the Year ended 31st December, 1926.**

Disease or Defect.	Routine Inspections.		Special Inspections.	
	Requiring Treatment.	Kept under Observation.	Requiring Treatment.	Kept under Observation.
Malnutrition	115	...	19	...
Uncleanliness... ..	159	...	33	...
Skin :—				
Ringworm : Scalp	8	...	...	...
Body	6	...	...	...
Scabies	3	...	...	...
Impetigo	2	...	1	...
Other Diseases (non TB)... ..	14	...	10	...
Eye :—				
Blepharitis	8	...	4	...
Conjunctivitis	3	1	...	...
Keratitis ... ..	...	...	...	...
Corneal Ulcer	1	...	...	...
Corneal Opacities ... ..	...	2	1	...
Defective Vision	170	177	87	16
Squint	6	4	...	1
Other Conditions... ..	3	...	2	...
Ear :—				
Defective Hearing	6	15	4	1
Otitis Media	25	12	8	1
Other Ear Diseases	87	3	15	...
Nose and Throat :—				
Enlarged Tonsils only	64	164	18	6
Adenoids only	28	26	20	2
Tonsils and Adenoids	108	74	46	5
Other Conditions... ..	8	2	2	...
Enlarged Cervical Glands (non TB)	9	31	5	...
Defective Speech ... ..	...	2	...	...
Teeth—Dental Disease	333	3	...	..
Heart and Circulation :—				
Heart Disease : Organic... ..	5	17	2	4
Functional... ..	3	2	2	...
Anæmia	337	3	61	2
Lungs :—				
Bronchitis... ..	...	...	1	..
Other non TB Diseases	1	...	...	2
Tuberculosis :—				
Pulmonary : Definite ... ..	...	1	...	1
Suspected	1	1	...	...
Non-Pulmonary :				
Glands	7	16	2	3
Spine ... ..	...	...	1	...
Hip ... ..	...	..	...	...
Other Bones and Joints ... ..	...	1	...	...
Skin... ..	...	...	...	..
Other Forms ... ..	...	...	...	...

TABLE II.—*continued.*

Disease or Defect.	Routine Inspections.		Special Inspections	
	Requiring Treatment.	Kept under Observation.	Requiring Treatment.	Kept under Observation.
Nervous System :—				
Epilepsy	2	6	1	2
Chorea	2	2	2	1
Other Conditions..	5	...	2	1
Deformities :—				
Rickets	6	3	...	...
Spinal Curvature ...	2	...	1	.
Other Forms	5	8	2	...
Other Defects and Diseases ...	69	21	15	7

B. Number of INDIVIDUAL Children found at ROUTINE Medical Inspection to require Treatment (excluding Uncleanliness and Dental Defects).

Group.	Number of Children.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups :—			
Entrants	1590	342	21·50
Intermediates	1289	218	16·91
Leavers	2303	417	18·10
Total	5182	977	18·85

TABLE III

Return of all Exceptional Children in the Area.

			Boys,	Girls,	Total,
Blind (including partially blind)	(1) Suitable for training in a School or Class for totally blind.	Attending Certified Schools or Classes for the Blind ...	2	..	2
		Attending Public Elementary Schools	1	..	1
		At other Institutions ...	..	..	...
		At no School or Institution ..	...	...	..
	(2) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	..
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	..
		At no School or Institution ...	...	...	...
Deaf (including Deaf and Dumb and partially Deaf)	(1) Suitable for training in a School or Class for totally Deaf.	Attending Certified Schools or Classes for the Deaf	3	6	9
		Attending Public Elementary Schools ... ..	...	...	..
		At other Institutions ...	...	...	...
		At no School or Institution ...	..	...	...
	(2) Suitable for training in a School or Class for partially Deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools .. ...	..	...	...
		At other Institutions ...	..	...	..
		At no School or Institution ...	..	..	...
Mentally Defective	(1) Feeble Minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	...	...	...
		Attending Public Elementary Schools	55	42	97
		At other Institutions ...	...	...	...
		At no School or Institution ..	12	5	17
	(2) Notified to Local Control Authority during year.	Feeble-minded	1	1	2
		Imbeciles	1	...	1
		Idiots ... ..	...	1	1
	
Epileptics	(1) Suffering from severe Epilepsy.	Attending Certified Schools for Epileptics ... ..	...	...	..
		In Institutions other than Certified Special Schools	..	..	...
		Attending Public Elementary Schools ... ..	..	...	...
		At no School or Institution ...	4	4	8
	(2) Suffering from Epilepsy not severe.	Attending Public Elementary Schools	8	3	11
		At no School or Institution .	1	...	1

TABLE III.—*continued.*

			Boys.	Girls.	Total.
Physically Defective	(1) Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	4	9
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	..	...
	(2) Non-Infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	..
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	..	...	...
		Attending Public Elementary Schools ... ..	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ..	2	3	5
	(3) Delicate children (<i>e.g.</i> , pre or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	..
		At Public Elementary Schools	77	55	132
		At other Institutions ...	...	...	..
		At no School or Institution ...	5	3	8
	(4) Active Non-Pulmonary Tuberculosis.	At Sanatoria Hospital Schools approved by the Ministry of Health or the Board ...	4	9	13
		At Public Elementary Schools	20	13	33
		At other Institutions ...	...	...	...
		At no School or Institution .	6	10	16
	(5) Crippled Children (other than those with active T.B.) <i>e.g.</i> , children suffering from Paralysis, etc. and including those with Heart Disease.	At Certified Hospital Schools	...	..	...
		At Certified Residential Cripple Schools ... ..	...	1	1
		At Public Elementary Schools	37	40	77
		At Certified Day Cripple Schools ... ..	..	...	...
		At other Institutions ...	...	...	...
		At no School or Institution ...	5	6	11

**TABLE IV.—RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31st DECEMBER, 1926.**

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated, or under Treatment, during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm—Scalp	7	7
Ringworm—Body	3	3
Scabies	2	2
Impetigo	3	3
Other Skin Diseases	18	18
Minor Eye Defects	26	26
Minor Ear Defects	90	90
Miscellaneous
Total		149	149

Group II.—Defective Vision and Squint.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.
Errors of Refraction (including squint)	115	33	4	152
Other Defects or Diseases of the Eyes ... ..	...	...	...	...

Total number of children for whom spectacles were prescribed—

- (a) Under the Authority's Scheme 111
(b) Otherwise..... 33

Total number of children who obtained or received spectacles—

- (a) Under the Authority's Scheme..... 111
(b) Otherwise 33

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from Authority's Scheme.	Total.		
89	52	141	3	144

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist—

Routine Age Groups	Age	{	5.....	436	Total..... 5941
			6.....	541	
			7	976	
			8	1693	
			9 618		
			10.....	976	
			11.....	157	
			12.....	275	
			13.....	150	
			14.....	119	

Specials..... 464

Grand Total..... 6405

(b) Found to require treatment 4834

(c) Actually treated 3721

(d) Re-treated during the year as the result of periodical examination..... Nil.

(2) Half days devoted to { Inspection..... 94 } Total 429
{ Treatment..... 335 }

(3) Attendances made by the children for treatment 7261

(4) Fillings ... { Permanent Teeth ... 469 } Total ... 786
{ Temporary Teeth ... 317 }(5) Extractions { Permanent Teeth ... 456 } Total ... 6782
{ Temporary Teeth ... 6326 }

(6) Administrations of general anæsthetics for extractions ... nil.

(7) Other operations to permanent or temporary teeth ... 226